

Department of Human Services
Bureau of Human Service Licensing

March 30, 2021

██████████ ADMINISTRATOR
GETZ PERSONAL CARE HOME INC
1026 SCENIC DRIVE
KUNKLETOWN, PA 18058

RE: GETZ PERSONAL CARE HOME
1026 SCENIC DRIVE
KUNKLETOWN, PA, 18058
LICENSE/COC#: 24050

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: GETZ PERSONAL CARE HOME **Licen e #:** 24050 **Licen e Expiration Date:** 03/14/2021
Adde : 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058
County: MONROE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5706291334 **Email:** [REDACTED]

Legal Entity

Name: GETZ PERSONAL CARE HOME INC
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA, 18058
Phone: 5706291334 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/25/1991 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 42 **Waking Staff:** 32

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 01/26/2021

Inspection Dates and Department Representative

01/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 39

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Re ident : 3

Number of Residents Who:

Receive Supplemental Security Income: 7 **Are 60 Years of Age or Older:** 38
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

01/26/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/04/2021*

3/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/19/2021*

3/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A clear plastic spray bottle was found in a storage closet on the 2nd floor. It was only labeled with black marker writing which stated Odor. Staff Member A stated that it was an air freshener used to control odors in the home.

Plan of Correction

Accept

Staff member touring with inspector removed plastic spray bottle on inspection day of 1/26/2021.

Manager of Housekeeping Department inspected all poisonous materials are labeled properly and stored in locked areas on 1/27/2021.

Housekeeping Department was educated on importance of properly labeling poisonous materials and proper storage of poisonous materials on 1/28/2021.

Manager of Housekeeping will inspect all poisonous materials weekly to ensure they are properly labeled and stored properly.starting 2/1/2021 and weekly there after.

Completion Date: 02/01/2021

Update - 03/07/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Training sign in sheet attached

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire e tinguishers shall be inspected and approved annually by a fire safety e pert. The date of the inspection shall be on the extinguisher.

Description of Repeat Violation

Fire Extinguishers are required to be inspected annually by a fire expert. All Fire Extinguishers found in the home were last inspected in October 2019.

131f - Fire Extinguisher Inspection (*continued*)**Plan of Correction****Accept**

Fire extinguisher inspection company was contacted on 2/22/2021 to schedule fire extinguisher inspection.

Fire extinguisher inspection is scheduled for 3/19/2021.

Maintenance will inspect fire extinguishers monthly starting 3/2021 and document inspection on tags on fire extinguishers.

Administrator will contact fire extinguisher company at beginning of each year to schedule annual inspection of extinguishers.

Completion Date: 03/19/2021

Update - 03/07/2021

Please send/Attach proof of Fire extinguisher inspection 3/19/21.

Document Submission**Implemented**

Fire extinguisher inspection was completed on 3/19/2021 by ABC Sprinkler Company. Inspection report attached.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
- 1 A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4 Special health or dietary needs of the resident.
 - 5 Allergies.
 - 6 Immunization history.
 - 7 Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8 Body positioning and movement stimulation for residents, if appropriate.
 - 9 Health status.
 - 10 Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation for Resident 1 dated 4/3/2020 did not indicate if the resident's immunization history was current.

Plan of Correction**Accept**

Medical evaluation was updated to correct missing information on 1/27/2021.

Administrative assistant will ensure all information is on medical evaluation prior to and post examination with medical professional completing initial or annual medical evaluation.

Administrative assistant will do bi annual chart audits to ensure all information required to be completed is completed on time beginning 3/2021 and on going.

Completion Date 01/27/2021

141a 1-10 Medical Evaluation Information *(continued)***Update - 03/07/2021***Please send/Attach proof of updated DME for resident #1.***Document Submission****Implemented***Medical evaluation was updated on 1/27/2021 and documentation is attached*

184a - Labeling OTC/CAM

1. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation*Resident 1 is prescribed 1 50mg tablet of Atenolol every morning verified with the prescriber s order. The label on the medication bottle indicated that Resident 1 should receive 1 50mg tablet in the morning and 1 50mg tablet at night.***Plan of Correction****Accept***Clarification from physician for orders were obtained and new label was requested from pharmacy to ensure both order and label match and are correct on 1/26/2021.**Medication Technician and Nursing will audit all medications monthly upon medication exchange with pharmacy to ensure all medication labels and orders match starting 2/2021 and on going.**Medication Technician and Nursing will ensure any new or changed medication orders prescribed by physician also match label on medication from pharmacy upon arrival starting 2/2021 and on going.***Completion Date:** 02/02/2021**Update - 03/07/2021***Please send/Attach proof of staff training and compliance of this regulation.***Document Submission****Implemented***Training sign in sheet attached*

185a - Implement Storage Procedures

1. Requirements

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation*The glucometer of Resident 2 indicated a blood sugar level of 209 on 1/24/2021 at 8:17pm. The Medical Administrative Record was incorrectly documented with a blood sugar level of 206 for this time period on 1/24/2021.**The home s controlled substance policy indicates that their controlled substances will be kept in a second lock box in the medical cart. The controlled substance, Lorazepam, for Resident 3 was found in the refrigerator of the Medical Cart room. There was no lock box in the refrigerator and no lock on the refrigerator.*

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

For Resident 2 incorrect reading of glucometer, all staff responsible for assisting with obtaining blood sugars of residents were re-educated on the importance of accurate reading of the glucometer and double checking the reading prior to documentation to ensure there is no chance for a medication error during week of 2/1/2021. Ongoing education will continue.

Nursing Department will do monthly audit of all glucometers to ensure readings are being documented correctly beginning 2/1/2021 and will be ongoing.

For controlled substance that was not being double locked per policy, controlled substance was removed from refrigerator and placed in controlled lock box to be double locked per policy on 1/26/2021.

All staff were educated on policy for all controlled substances being double locked and all controlled substances will be stored in a locked box in the medication cart at all times during week of 2/1/2021.

Med technician and Nursing will ensure controlled substances are stored properly per policy monthly during medication exchange from pharmacy starting 2/2021.

Completion Date: 02/08/2021

Update - 03/07/2021

Please send/Attach proof of staff training as outlined in your plan of correction.

Document Submission**Implemented**

Training sign in sheet attached